

**Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report**

Page 1 of 2

INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular		<input checked="" type="checkbox"/>	<u>0</u>	<u>11 / 16 / 17</u>	<u>PORT OF MOCHA COFFEE HOUSE - MALL</u>
Follow-up	<input checked="" type="checkbox"/>			TIME IN	TIME OUT
Complaint			RATING	<u>11:35 AM</u>	<u>1:15 PM</u>
Investigation			<u>A</u>	SANITARY PERMIT NO.	PERMIT HOLDER
Other:				<u>170002758</u>	<u>DEWAN ENTERPRISES INC.</u>
ESTABLISHMENT TYPE			AREA	TELEPHONE	LOCATION (Address)
<u>RESTAURANT</u>			<u>1</u>	<u>688 7265</u>	<u>1088 W. MARINE CORPS DR. MICRONESIA MAR</u>
				No. of Risk Factor/Intervention Violations	<u>6</u>
				No. of Repeat Risk Factor/Intervention Violations	<u>0</u>
				RISK CATEGORY	
				<u>3</u>	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Supervision						
1	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performance duties			6
Employee Health						
2	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Management awareness; policy present			6
3	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Proper use of reporting, restriction & exclusion			6
Good Hygienic Practices						
4	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A N/O Proper eating, tasting, drinking, betelnut, or tobacco use			6
5	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A N/O No discharge from eyes, nose, and mouth			6
Preventing Contamination by Hands						
6	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A N/O Hands clean and properly washed			6
7	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A N/O No bare hand contact with ready-to-eat foods or approved alternate method properly followed			6
8	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			6
Approved Source						
9	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Food obtained from approved source			6
10	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A N/O Food received at proper temperature			6
11	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Food in good condition, safe, and unadulterated			6
12	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A N/O Required records available: shellstock tags, parasite destruction			6
Protection from Contamination						
13	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A Food separated and protected			6
14	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A Food contact surfaces: cleaned & sanitized			6
15	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food			6

Compliance Status				COS	R	PTS
Potentially Hazardous Food (TCS Food)						
16	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A N/O Proper cooking time and temperatures			6
17	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A N/O Proper reheating procedures for hot holding			6
18	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A N/O Proper cooling time and temperature			6
19	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A N/O Proper hot holding temperatures			6
20	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A Proper cold holding temperatures			6
21	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A N/O Proper date marking and disposition			6
Consumer Advisory						
22	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A Consumer Advisory provided for raw or undercooked foods			6
Highly Susceptible Populations						
23	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A Pasteurized Foods used, prohibited foods not offered			6
Chemical						
24	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A Food additives: approved and properly used			6
25	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Toxic substances properly identified, stored, used			6
Conformance with Approved Procedures						
26	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A Compliance with variance, specialized process, and HACCP plan			6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: If numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Safe Food and Water						
27		Pasteurized eggs used where required				1
28		Water and ice from approved source				2
29		Variance obtained for specialized processing methods				1
Food Temperature Control						
30		Proper cooling methods used; adequate equipment for temperature control				1
31		Plant food properly cooked for hot holding				1
32		Approved thawing methods used				1
33		Thermometer provided and accurate				1
Food Identification						
34		Food properly labeled; original container				1
Prevention of Food Contamination						
35		Insects, rodents, and animals not present				2
36		Contamination prevented during food preparation, storage & display				1
37		Personal cleanliness				1
38		Wiping cloths: properly used and stored				1
39		Washing fruits and vegetables				1

Compliance Status				COS	R	PTS
Proper Use of Utensils						
40		In-use utensils: properly stored				1
41		Utensils, equipment and linens: properly stored, dried, handled				1
42		Single-use/single-service articles: properly stored, used				1
43		Gloves used properly				1
Utensils, Equipment and Vending						
44		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used				1
45		Warewashing facilities: installed, maintained, used; test strips				1
46		Nonfood-contact surfaces clean				1
Physical Facilities						
47		Hot & cold water available, adequate pressure				2
48		Plumbing installed; proper backflow devices				2
49		Sewage and wastewater properly disposed				2
50		Toilet facilities: properly constructed, supplied, & cleaned				2
51		Garbage/refuse properly disposed; facilities maintained				2
52		Physical facilities installed, maintained, and clean				1
53		Adequate ventilation and lighting; designated areas use				1

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign) <u>RANIC DE WOOD</u> <u>11/16/17</u>	Date:
DEH Inspector (Print and Sign) <u>J. GARCIA EPHO I</u> / <u>D. MITCHELL EPHO II</u>	Follow-up (Circle one): YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Follow-up Date

Department of Public Health and Social Services
Division of Environmental Health

Food Establishment Inspection Report

Page 2 of 2

ESTABLISHMENT NAME PORT OF MOCHA COFFEE HOUSE MALL		LOCATION (Address) DENAN ENTERPRISES INC.
INSPECTION DATE 11 / 16 / 17	SANITARY PERMIT NO. 17000 2758	PERMIT HOLDER 1088 W. MARINE CORPS DR. MICRONESIA MALL

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
----------	-------------------------------------	-----------------

Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

A FOLLOW-UP INSPECTION WAS CONDUCTED. PREVIOUS INSPECTION CONDUCTED ON 11/14/17 (39,D). ESTABLISHMENT WAS CLOSED DUE TO MULTIPLE REPEAT VIOLATIONS BASED ON AN INITIAL INSPECTION CONDUCTED ON 7/6/17 (32,C).

THE FOLLOWING WAS OBSERVED:

ALL PREVIOUS VIOLATIONS HAVE BEEN CORRECTED. ITEMS # 1, 2, 8, 20, 21, 33, 30, 44, 45, 46, 48, 52, & 53.

REMOVED "D" PLACARD # 00932. REMOVED NOTICE OF CLURE. ISSUED "A" PLACARD # 03078.

NOTE: DOCUMENTATION (SIGNED LETTER FROM ESTABLISHMENT & JWS SERVICE WORK ORDER) REGARDING PREP CHILLER IN DISREPAIR RECEIVED FROM ESTABLISHMENT. THE AGREEMENT STATES THE PREP CHILLER WILL NOT BE USED UNTIL IT IS REPAIRED, & IF NOT, IT SHALL BE REPLACED NO LATER THAN 11/30/17. JWS SCHEDULED SERVICE ON 11/24/17.

SANITARY PERMIT PAYMENT ROUTING SLIP ISSUED.

PREP CHILLER SHALL NOT BE USED UNTIL PROPERLY REPAIRED OR REPLACED WITH ADEQUATE REFRIGERATION EQUIPMENT.

BRIEFED PIC ON THE ABOVE.

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person In Charge (Print and Sign) Ravi Dewara	Date: 11/16/17
DEH Inspector (Print and Sign) J. GARCIA EPHO I / D MITCHELL EPHO II	Date: 11/16/17